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| 1. CIR./DIST./DIV. CODE<br><b>EDNY</b>                       | 2. PERSON REPRESENTED<br><b>Barbara Vale</b> |  |   | VOUCHER NUMBER   |
| 3. MAG. DKT./DEF. NUMBER<br><b>19 MJ 969</b>                 |  | 4. DIST. DKT./DEF. NUMBER  | 5. APPEALS DKT./DEF. NUMBER   | 6. OTHER DKT. NUMBER                                       |
| 7. IN CASE/MATTER OF (Case Name)<br><b>USA V. Vale et al</b> |  | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other | 10. REPRESENTATION TYPE<br>(See Instructions)<br><b>cc</b> |

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

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| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),<br>AND MAILING ADDRESS<br><br><b>NICOLAS BOURTIN<br/>125 BROAD STREET<br/>NEW YORK, NY 10007</b> | 13. COURT ORDER<br><input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  |
| Telephone Number : <b>212-558-3920</b>  | Prior Attorney's<br>Appointment Dates: _____<br><br><input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise<br>satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not<br>wish to waive counsel, and because the interests of justice so require, the attorney whose<br>name appears in Item 12 is appointed to represent this person in this case, OR<br><br><input type="checkbox"/> Other (See Instructions) <b>DA</b><br><br><b>S/Bulgara</b> |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  | 10/23/<br>Date of C<br>Repayment or partial repay:<br>appointment. <input type="checkbox"/> Y.  |

|  |               |                      |
|--|---------------|----------------------|
| <b>CLAIM FOR SERVICES AND EXPENSES</b>                 |               |                      |
| CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED |
| OPTIONAL REVIEW  |               |                      |

|  |  |                |                |  |
|--|--|----------------|----------------|--|
| <b>In</b>  | a. Arraignment and/or Plea                                     |                |                |  |
|  | b. Bail and Detention Hearings                                 |                |                |  |
|  | c. Motion Hearings   |                |                |  |
|  | d. Trial   |                |                |  |
|  | e. Sentencing Hearings   |                |                |  |
|  | f. Revocation Hearings   |                |                |  |
|  | g. Appeals Court   |                |                |  |
|  | h. Other (Specify on additional sheets)                        |                |                |  |
| (RATE PER HOUR = \$ )  |  | <b>TOTALS:</b> |                |  |
| <b>Out of</b>  | a. Interviews and Conferences                                  |                |                |  |
|  | b. Obtaining and reviewing records                             |                |                |  |
|  | c. Legal research and brief writing                            |                |                |  |
|  | d. Travel time   |                |                |  |
|  | e. Investigative and other work (Specify on additional sheets) |                |                |  |
|  | (RATE PER HOUR = \$ )  |                | <b>TOTALS:</b> |  |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) |  |                |                |  |
| 18. Other Expenses (other than expert, transcripts, etc.)    |  |                |                |  |

**GRAND TOTALS (CLAIMED AND ADJUSTED):**

|  |   |                      |
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| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br><br>TO: _____ | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION | 21. CASE DISPOSITION |
|--|---|----------------------|

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|---|---|---|
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number | Have you previously applied to the court for compensation and/or reimbursement for this<br>Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this<br>representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets.<br>I swear or affirm the truth or correctness of the above statements. | <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|---|

Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

|   |                        |                     |                    |                            |
|---|------------------------|---------------------|--------------------|----------------------------|
| <b>APPROVED FOR PAYMENT — COURT USE ONLY</b>  |                        |                     |                    |                            |
| 23. IN COURT COMP.  | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |                        |                     | DATE               | 28a. JUDGE/MAG. JUDGE CODE |
| 29. IN COURT COMP.  | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED    |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved<br/>in excess of the statutory threshold amount.</i> |                        |                     | DATE               | 34a. JUDGE CODE            |